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PTO/SB/21 (01-08)

Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/562,290	
	Filing Date	20 June 2006	
	First Named Inventor	BRAVEN, Helen	
	Art Unit	1657	
	Examiner Name	MARTIN, Paul C.	
Total Number of Pages in This Submission	30	Attorney Docket Number	ATLAS 9452 US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Copy of Notice to Comply; Statement of SeqList on CD-R; Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input checked="" type="checkbox"/> CD, Number of CD(s) <u>Three</u>	
<input checked="" type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Bell & Associates		
Signature			
Printed name	Matthew Kaser		
Date	30 June 2008	Reg. No.	44,817

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Matthew Kaser	Date	30 June 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2008☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 460.00

Complete if Known

Application Number	10/562,290
Filing Date	20 June 2006
First Named Inventor	BRAVEN, Helen
Examiner Name	MARTIN, Paul C.
Art Unit	1657
Attorney Docket No.	ATLAS 9452 US

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 50-3194 Deposit Account Name: Bell & Associates

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

210	105
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Multiple dependent claims

370	185
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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11	- 20 or HP = 0	x	=
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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1	- 3 or HP = 0	x	=
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HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 =	/ 50 =	(round up to a whole number) x	=	
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Petition for Extension of Time to Respond 2 months @ \$460

460

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 44,817	Telephone (510) 537-2040
Name (Print/Type)	Matthew Kaser	Date 30 June 2008	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

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First Named Inventor	BRAVEN, Helen
Examiner Name	MARTIN, Paul C.
Art Unit	1657
Attorney Docket No.	ATLAS 9452 US

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☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

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☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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Each independent claim over 3 (including Reissues)	210	105
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Total Claims Extra Claims Fee (\$) Fee Paid (\$)

11 - 20 or HP = 0 x =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

1 - 3 or HP = 0 x =

HP = highest number of independent claims paid for, if greater than 3.

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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time to Respond 2 months @ \$460 460

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Signature		Registration No. (Attorney/Agent) 44,817	Telephone (510) 537-2040
Name (Print/Type)	Matthew Kaser	Date 30 June 2008	

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



**IN THE
UNITED STATES
PATENT AND TRADEMARK OFFICE**

IN RE APPLICATION OF:

BRAVEN, Helen, KEAY, Russell,
and FLOWER, Stephen

**RESPONSE TO THE OFFICE
ACTION MAILED 01/30/2008**

CASE:

ATLAS 9452 US

SERIAL NO.:

10/562,290

FILED ON:

06/20/2006

FOR:

Protease Detection Assay

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**EXAMINER: Martin, P.C.
ART UNIT: 1657**

Dear Sir:


This is a request for an extension of time to respond to the Examiner's Office Action mailed on 31st January, 2008. Applicant hereby request the Commissioner a two (2) month extension of time to respond to the Examiner's Office Action thereby allowing Applicants until 30th June, 2008 to respond.

Applicants authorize the Commissioner to debit Bell & Associates Deposit Account No. 50-3194 in the sum of \$460, being the fee for a (2) two-month extension of time to respond to the instant Communication.

If the Commissioner finds any additional charges or fees must be paid in connection with this communication, they may be paid out of Bell & Associates Deposit Account No. 50-3194.

Respectfully submitted,

Dated: June 30th, 2008


Matthew R. Kaser
(Reg. No. 44,817)
One of Agents for Applicant

07/03/2008 SDEH003 02288323 583194 10562290
01 FC:1252 468.03 DA